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STRAUB & POI 788 Shrewsbury A TINTON FALLS, APPLICATION NO. 10/808,688	590 11/13/ KOTYLO .venue NJ 07724 FILING DATE 03/25/2004	FEB 1 1	Feet pape have like the state addition to th	(s) Transmittal. This cerers. Each additional pages to sown certificate of the cereby certify that this Fees Postal Service with stressed to the Mail Stommers of the USPTO (February 11)	tificate cannot be used force, such as an assignment of mailing or transmission. The action of mailing or Trues and the office of the price of the office o	or domestic mailings of the ore are other accompanying int or formal drawing, must mission and deposited with the United at class mail in an envelope above, or being facsimile ate indicated below. (Depositor's name) (Signamre) (Date)
TITLE OF INVENTION: S	OLID-STATE IMAG	E SENSING APPARAT	'US AND METHOD OF R	EADING IMAGE SIG	Mprs-0450274)	
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APPLN. TYPE	SMALL ENTITY	ISSUB FEB DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/16/2010
· EXAMINER		ART UNIT	CLASS-SUBCLASS	02/16/2	2010 LNGUYEN2 0000	1991 2 501040
WANG, KENT F		2622	348-308000	01 FC:1	501 1510.00	
1. Change of correspondent CFR 1.363). Change of correspon Address form PTO/SB/1 Tree Address* indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth; (A) NAME OF ASSIGN Olympus Con Please check the appropriate	dence address (or Char 22) attached. tition (or "Fee Address" or more recent) attach D RESIDENCE DATA s an assignee is identi n 37 CFR 3.11. Comp IEE	Indication form ed. Use of a Customer A TO BE PRINTED ON fied below, ao assignee detion of this form is NO	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered attorney or a 2 registered patent attornisted, no name will be THE PATENT (print or type data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY TORYO, Ja.	e firm (having as a men agent) and the names of meys or agents. If no me printed. The printed of the printed o	order a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DA & Pokotylo CH. Pokotylo comment has been filed for sup cutity Government
4a. The following fee(s) are submitted: 4b. Issue Fee 4c. Issue Fee 4c. Issue Fee 4c. Issue Fee 4c. Issue Fee 4d. Issue Fee			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1049 (enclose an extra copy of this form). 			
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